

# EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: NATIONAL FOOTBALL LEAGUE  
PLAYERS' CONCUSSION INJURY  
LITIGATION

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No. 2:12-md-02323-AB

MDL No. 2323

Hon. Anita B. Brody

THIS DOCUMENT RELATES TO:

ALL ACTIONS

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**DECLARATION OF ORRAN L. BROWN, SR.**

I, ORRAN L. BROWN, SR., hereby declare and state as follows:

1. My name is Orran L. Brown, Sr. I am the Chairman and a founding partner of BrownGreer PLC, located at 250 Rocketts Way, Richmond, Virginia 23231. BrownGreer PLC is the Claims Administrator under the Class Action Settlement Agreement in this action.

2. I am over the age of 21. The matters set forth in this Declaration are based upon my personal knowledge and information.

3. I submit this Declaration to describe five Opt Out revocation requests that we received recently.

4. In its April 22, 2015 Final Approval Order and Judgment, the Court directed the Claims Administrator to post a list of Opt Outs as of that date. We posted on the official Settlement website a list of the Opt Outs that were timely and included all the elements required for a valid Opt Out under Section 14.2(a) of the Settlement Agreement (175 names at the time) and a list of the Opt Outs that were untimely and/or were missing one or more of Section 14.2(a)'s required elements (33 names at the time).

5. Section 14.2(c) of the Settlement Agreement provides that a Class Member who had Opted Out but wished to revoke that Opt Out could submit a written request to do so "[p]rior to the Final Approval Date." At various times after the April 22, 2015 Final

Approval Date, 19 people who had Opted Out submitted requests to revoke their Opt Outs. The Parties to the Settlement Agreement agreed to accept those revocation requests, subject to Court approval, and reported the revocation requests to the Court. By Orders of July 15, 2015 (Document 6642), December 22, 2015 (Document 6713), January 26, 2016 (Document 6739), September 15, 2016 (Document 6907), October 25, 2016 (Document 6924), November 8, 2016 (Document 6937), December 21, 2016 (Document 7033), January 18, 2017 (Document 7084), January 20, 2017 (Document 7097), and February 6, 2017 (Document 7119), the Court approved all the revocations. As a result, we no longer counted those people as Opt Outs and posted on the Settlement website a revised list of Timely Opt Out Requests Containing All Information Required by Section 14.2(a) or Otherwise Approved by the Court (the “Timely Opt Out List”) to reflect the results of the Orders. That Timely Opt Out List now contains 162 names, including six people whose Opt Outs the Court directed be added to that list in its Orders of September 8, 2016 (Document 6902) and March 6, 2017 (Document 7244).

6. On February 6, 2017, registration for the Settlement Program opened. We have received five revocation requests from persons who have registered for Settlement benefits but also were on the Timely Opt Out List. When we asked them whether they wished to be an Opt Out or instead wanted to register for benefits, they requested to be allowed to revoke their Opt Outs and sent us requests to revoke attached to this Declaration after redacting personal identifying information:

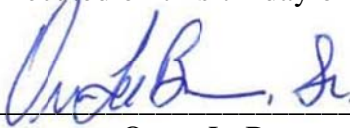
- (a) Charles F. Alexander: Attachment 1 to this Declaration is a copy of Mr. Alexander’s Revocation Request Form, which we received on February 28, 2017.
- (b) Gregory L. Bell: Attachment 2 is a copy of Mr. Bell’s Revocation Request Form, received on February 24, 2017.
- (c) Darnell Bing: Attachment 3 is a copy of Mr. Bing’s Revocation Request Form, also received on February 24, 2017.

(d) Louis Cordileone: Attachment 4 is a copy of Mr. Cordileone's Revocation Request Form, received on March 6, 2017.

(e) LaBrandon Toefield: Attachment 5 is a letter from Mr. Toefield requesting to revoke his Opt Out. We received that letter on March 3, 2017.

The Parties to the Settlement Agreement have agreed to accept these five revocation requests, subject to Court approval. If the Court grants its approval, we no longer will count these people as Opt Outs and, upon direction of the Court, will post on the Settlement website a revised Timely Opt Out List.

I, Orran L. Brown, Sr., declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct. Executed on this 7<sup>th</sup> day of March, 2017.

A handwritten signature in blue ink, appearing to read "Orran L. Brown, Sr.", is written over a horizontal line.

Orran L. Brown, Sr.

**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

**I. PERSON SEEKING TO REVOKE OPT OUT**

<b>Name</b>	First <b>CHARLES</b>	M.I. <b>F.</b>	Last <b>ALEXANDER</b>
<b>Mailing Address</b>	Address 1		
	Address 2		
	City	State	Zip
<b>Telephone Number</b>			
<b>Date of Birth</b>	(Month/Day/Year)		
<b>Settlement Class Member Type</b>	<p>I am a Retired NFL Football Player.</p> <p>I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player.</p> <p>I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.</p>		

**II. STATEMENT OF INTENT AND SIGNATURE**

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

<b>Signature</b>	<b>Charles F. Alexander</b>	<b>Date</b>	<b>02/26/2017</b> (Month/Day/Year)
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**III. HOW TO SUBMIT THIS FORM**

<b>By Email:</b>	ClaimsAdministrator@NFLConcussionSettlement.com
<b>By Mail:</b>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Online Portal:</b>	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**


A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

**I. PERSON SEEKING TO REVOKE OPT OUT**

<b>Name</b>	First Gregory	M.I. L	Last Bell
<b>Mailing Address</b>	Address 1		
	Address 2		
	City	State	Zip
<b>Telephone Number</b>			
<b>Date of Birth</b>			
<b>Settlement Class Member Type</b>	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

**II. STATEMENT OF INTENT AND SIGNATURE**

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

<b>Signature</b>		<b>Date</b>	<div> <div>0</div> <div>2</div> <div>/</div> <div>2</div> <div>4</div> <div>/</div> <div>2</div> <div>0</div> <div>1</div> <div>7</div> </div> <div>(Month/Day/Year)</div>
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<b>By Online Portal:</b>	Go to your secure online portal with the Claims Administrator and upload this signed PDF.



**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

**I. PERSON SEEKING TO REVOKE OPT OUT**

<b>Name</b>	First <b>DARNELL</b>	M.I.	Last <b>BING</b>
<b>Mailing Address</b>	Address 1		
	Address 2		
	City	State	Zip
<b>Telephone Number</b>			
<b>Date of Birth</b>			
<b>Settlement Class Member Type</b>	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

**II. STATEMENT OF INTENT AND SIGNATURE**

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

<b>Signature</b>		<b>Date</b>	(month/day/year)
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**III. HOW TO SUBMIT THIS FORM**

<b>By Email:</b>	ClaimsAdministrator@NFLConcussionSettlement.com
<b>By Mail:</b>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Online Portal:</b>	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

# NFL CONCUSSION SETTLEMENT

IN RE NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
Case No. 2:12-md-02323 (E.D. Pa.)

## REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

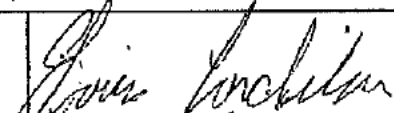
A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

### I. PERSON SEEKING TO REVOKE OPT OUT

Name	First <b>Louis</b>	M.I.	Last <b>Cordileone</b>
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(month/day/year)		

### II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature 	Date <b>10/31/03/12/01/17</b> (Month/Day/Year)
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### III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.



**NOTICE OF CLAIMANT'S REQUEST TO REVOKE "OPT OUT" FROM  
THE NFL CONCUSSION SETTLEMENT PROGRAM**

I, LaBrandon Toefield, wish to revoke my request to be excluded from the Settlement Class in *In re: National Football League Players' Concussion Injury Litigation*, No. 2:12-md-02323.

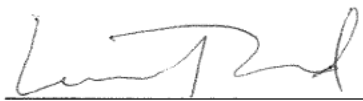
**CLAIMANT INFORMATION**

LaBrandon Toefield

DOB:

Address:

Tel:

Signature: 

Print Name:

LaBrandon Toefield

Date:

2/16/17